



MONTGOMERY COUNTY GOVERNMENT
OFFICE OF CONSUMER PROTECTION
100 Maryland Avenue, Room 330
Rockville, Maryland 20850
240-777-3636 • FAX 240-777-3768
<http://www.montgomerycountymd.gov/consumer>

BUILDING CONTRACTOR'S LICENSE APPLICATION

☐ Please type or print clearly in ink.

☐ All pages **MUST** be completed. All applicable questions **MUST** be answered.

☐ A non-refundable application fee of \$805.00 is charged for a two (2) year period and **MUST** accompany new, renewal, and reinstatement applications.

☐ Check or money order must be made payable to Montgomery County, MD. Mail completed application with payment.

☐ A Certificate of Insurance for Liability and Workers' Compensation must accompany all applications. (See page 6.)

☐ For reinstatement applications, enclose a letter explaining why your Building Contractor's License was not renewed.

OFFICE USE ONLY

License # _____

Date Issued _____

Date Expired _____

Check # _____

Date Approved _____

I. TYPE OF LICENSE REQUESTED

Type of License (Please check one):

☐ NEW LICENSE

☐ RENEWAL OF EXISTING LICENSE

☐ REINSTATED LICENSE

II. NON-REFUNDABLE LICENSE FEE

☐ \$805 CHECK OR MONEY ORDER - PAYABLE TO MONTGOMERY COUNTY, MD - IS ATTACHED.

Please note: Montgomery County Government now uses the services of Check-Again – Enhanced Check Management Services. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due. www.checkagain.com

III. TYPE OF NEW HOME BUILDER BUSINESS BEING LICENSED

Type of Business (Please check one):

☐ CORPORATION ☐ LIMITED LIABILITY CORP. ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

Name of Business _____

Trade Name (if any) _____

Business Address _____

Phone No. _____ Fax No. _____

Mailing Address (if different from Business Address) _____

E-Mail Address _____

Please provide copies of other jurisdiction licenses.

IV. OWNERSHIP INFORMATION. Please provide owner information in the appropriate section. Changes in ownership or owner address MUST be reported to the Office of Consumer Protection within 30 days of the change.

A. CORPORATION - LIMITED LIABILITY CORPORATION & LIMITED LIABILITY COMPANY

Complete this section if your home building business is a **CORPORATION**. If you do business in Maryland as a corporation, **you must furnish the name of the resident agent of your corporation in Maryland** and provide your federal employment identification number and date of incorporation.

NAME OF CORPORATION _____

Date of Incorporation _____ Federal ID _____

Trade Name (if any) _____

Business Address _____

Phone No. _____ Fax No. _____

Mailing Address (if different from Business Address) _____

_____ E-Mail Address _____

RESIDENT AGENT IN MARYLAND (full name) _____

Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

PRESIDENT/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

VICE PRESIDENT/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

TREASURER/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

SECRETARY/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

List all persons, members, or organizations holding a financial interest of 10% or more in the business. If a limited liability corporation, list the names of all members who have the authority to enter binding agreements on behalf of the corporation.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

B. PARTNERSHIP

Fill out this section if your home building business is a **PARTNERSHIP**. **Provide the names of all partners holding a 10% or more interest in the business.** If the partnership is a limited partnership, please identify the general partner.

Name of Business _____

Trade Name (if any) _____

Business Address _____

Business Phone No. _____ Fax No. _____

E-mail Address _____ Home Phone No. _____

Home Address _____

FULL NAME OF PARTNER _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

FULL NAME OF PARTNER _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

FULL NAME OF PARTNER _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

(If more than three partners, provide additional information on a separate sheet.)

C. SOLE PROPRIETORSHIP

Fill out this section if your home building business is a **SOLE PROPRIETORSHIP**

FULL NAME _____

Business Name _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

V. BUILDER DESIGNEE

The Builder Designee must be an individual designated by your home building business that is a partner, officer, director, or manager of your home building business and is the individual responsible for on-site building activity. This individual must be authorized by you to enter into binding agreements on behalf of the home building business. A sole proprietor is automatically the Builder Designee.

NAME OF BUILDER DESIGNEE _____

Business Address _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

VI. LEGAL ACTION OR INTEREST IN OTHER HOME BUILDING ENTITIES

- 1) Has this business or any individuals or companies named in Section IV had any interest in any other new home building companies in Montgomery County or any other jurisdiction in the past ten years?
Yes ___ No ___ (If yes, please list their names and the companies involved on a separate sheet of paper.)
- 2) Has this business or any individuals or companies named in Section IV, had any building or construction related license suspended, revoked, surrendered, or not renewed for cause in Montgomery County or any other jurisdiction?
Yes ___ No ___ (If yes, please explain on a separate sheet of paper.)
- 3) Does this business or any individuals or companies named in Section IV have any unresolved Consumer Protection complaints pending in Montgomery County or any jurisdiction?
Yes ___ No ___ (If yes, please explain on a separate sheet of paper.)
- 4) Does this business or any individuals or companies named in Section IV have any pending lawsuits or outstanding judgments?
Yes ___ No ___ (If yes, please explain on a separate sheet of paper.)
- 5) Has this business or any individuals or companies named in Section IV been cited for any building code violations?
Yes ___ No ___ (If yes, please explain on a separate sheet of paper.)

- 6) Has any officer, partner, director, builder designee or owner holding a financial interest of 10% or more in this home building business ever filed for bankruptcy?

Yes____ No____(If yes, please attach a detailed explanation of how it was resolved, listing consumer's name(s), and the companies involved on a separate sheet of paper.)

- 7) Has any officer, partner, director, builder designee, or owner been convicted of a felony in the last ten years?

Yes ____No ____ (If yes, please explain on a separate sheet of paper).

VII. EXPERIENCE - *FOR NEW LICENSE APPLICATIONS ONLY*

Renewal Applicants skip to Section VIII

Project Address	County	Role A) Owner, B) Contractor, C) Sub-Contractor D) Employee, E) Consultant F) General Contractor G) Construction manager	Type (i.e., SF/TH/Condo)	No. of Units	Date Completed

- 1) Please furnish in detail the experience and qualifications of the officer, partner, director, builder designee, or owner responsible for construction in Montgomery County. Resumes for the appropriate individuals may be attached.

- 2) Please list your most current new home construction experience, if any, and project detail information in chart above.

- 3) Do you have any building permits pending for new home construction in Montgomery County?

Yes ____No ____ If yes, please explain, who obtained the permits, applicant's name and permit reference number on a separate sheet of paper.

- 4) List membership in any construction related trade associations: _____

VIII. EXPERIENCE - *FOR RENEWAL LICENSE APPLICATIONS ONLY*

New Applicants skip to Section IX

- 1) How many homes did you build in Montgomery County in the last two-year licensing period? _____

If none, what is the date of the last new home you built in Montgomery County? _____

Have you built any new homes outside of Montgomery County in the last two-year period? ☐ Yes ☐ No

If yes, how many new homes were built? _____.

If no, what is the date of the last new home you built outside Montgomery County? _____

IX. REFERENCES AND FINANCIAL RESPONSIBILITIES

- 1) **New applicants, Renewals/Reinstatements must** provide a copy of the certificate of insurance liability (minimum \$500,000) and workers' compensation in the name of licensee.

☐ No employees

☐ Do you have/use Subcontractors

Note: Montgomery County Office of Consumer Protection must be listed as Certificate Holder.

- 2) **New applicants and Reinstatements only must** provide three current letters of reference from suppliers of construction materials as a credit reference using the forms that are attached to this application, a current letter of reference from a bank or other lender as a credit reference indicating that licensee maintains account(s) in good standing.

X. OWNER'S SIGNATURE

I **HEREBY CERTIFY** that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or the revocation of any license that may be issued. By signing this application, I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that if there are any changes in information provided, I must notify the Office of Consumer Protection within 30 days of the change. Failure to do so may result in the suspension or revocation of my license. I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

Signature

Date

Print or Type Name of Person Signing

Title

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Approved

☐

Disapproved

☐

Cond. Approved

☐

Deferred

☐

Denied

☐

Reinstated

☐

Member Signature:

Date: